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513 627 8118 P.02/02

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27752 7390 12/10/2007

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Carolyn Bryan	(Depositor's name)
(Signature)	
January 8, 2008	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/457,847	12/09/1999	TOAN TRINH	7114	8139

TITLE OF INVENTION: FABRIC WRINKLE CONTROL COMPOSITION AND METHOD

01/09/2008 HNGUYEN2 00000055 162480 09457847

01 FC:1501 1440.00 DA
02 FC:8001 6.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$0	\$1400	\$1440	03/10/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
MOORE, MARGARET G	1796	442-059000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> Mark A. Charles <input type="checkbox"/> David V. Upite <input type="checkbox"/> Kim William Zerby

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(A) NAME OF ASSIGNEE
 (B) RESIDENCE; (CITY and STATE)
 06/28/2008 ADJUSTMENT DATE: 01/09/2008 HNGUYEN2
 Cincinnati, OH 01 FC:1501 1440.00 DA

The Procter & Gamble Company

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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<input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee (No small entity discount permitted) <input checked="" type="checkbox"/> Advance Order - # of Copies 2	<input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-2480 (enclose an extra copy of this form).

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Authorized Signature Mark A. Charles Date January 8, 2008
 Typed or printed name Mark A. Charles Registration No. 51,547

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Fax No. (571) 273-2885

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FROM: Mark A. Charles (Typed or printed name of person signing Certificate)

Fax No. (513) 627-8118

Phone No. (513) 627-4229

Application No.: 09/457,847

Inventor(s): Toan Trinh *et al.*

Filed: December 9, 1999

Docket No.: 7114

Confirmation No.: 8139

FACSIMILE TRANSMITTAL SHEET AND
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 (FAX-USPTO.doc Revised 11/18/2005)